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10 MAR 16 AM 8:45

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Grover	Jeffrey	Lee	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Stanislaus County

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

District 3

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: -separate sheets attached-

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Stanislaus

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office

Date Left: ____/____/____

(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 13

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 10, 2010

Signature

Expanded Statement for Jeffrey Lee Grover

Stanislaus County Board of Supervisors

Position: District 3 Supervisor

Jurisdiction of Office: Stanislaus County

StanCOG

Position: Policy Board Member, Executive Committee Member

Jurisdiction of Office: Stanislaus County

Stanislaus Economic Development & Workforce Alliance

Position: Board Member, Executive Committee Member

Jurisdiction of Office: Stanislaus County

Stanislaus County Redevelopment Agency Exec Board

Position: Board Member

Jurisdiction of Office: Stanislaus County

North County Corridor Transportation Expressway Authority

Position: Board Director

Jurisdiction of Office: Stanislaus County

Solid Waste-to-Energy Executive Committee

Position: Board Member

Jurisdiction of Office: Stanislaus County

Stanislaus Waste-to-Energy Financing Agency

Position: Board Member

Jurisdiction of Office: Stanislaus County

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

JL Grover

NAME OF BUSINESS ENTITY
Farmers and Merchants Bank

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Bank

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☒ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
JCSD Partners, LP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment partnership

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☒ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 07/31/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>JL Grover</u>

1. BUSINESS ENTITY OR TRUST	
Solecon Industrial Contractors	
Name 1401 McWilliams Way Modesto, CA 95351	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Mechanical Contractor	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation Other _____	
YOUR BUSINESS POSITION <u>CEO</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
<u>-see attached-</u>

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
<u>N/A</u>	

Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Nexus Engineering	
Name 1400 Lone Palm Modesto, CA 95351	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Consulting Mechanical Engineer	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation Other _____	
YOUR BUSINESS POSITION <u>CFO</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
<u>-see attached-</u>

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
<u>N/A</u>	

Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

SOLECON INDUSTRIAL CONTRACTORS, INC.

CUSTOMER NAME	CUSTOMER NAME	CUSTOMER NAME	CUSTOMER NAME
511 TACTICAL	DEVCON	KINDRED HOSPITAL	RAMSON PIRO CONSTRUCTION
ACME CONSTRUCTION	DOCTORS HOSPITAL OF MANTECA	KIRK LARSON CONSTRUCTION	RED SHIELD CENTER
ADVANCED ENGINEERING SALES	DOCTORS MEDICAL CENTER	LA PERLA MEXICANA	REED PROPERTIES
AIM PROPERTY MANAGEMENT	DON'S MOBILE GLASS	LAYMAN ELECTRIC, INC.	RIVERBANK PROFESSIONAL PLAZA
ALBRO CONSTRUCTION	DOT FOODS	LEPRINO FOODS	RJM ENTERPRISES
ALKIRE CONSTRUCTION	DR. TOURLOTTE	LIFELINK INTERVENTIONAL CENTER	RMC CONSTRUCTORS
ALLEN LAYMAN	DUHIG AND COM., INC.	LONE PALM BUILDING	ROBERT STAMY
AMCOR PET PACKAGING	E. & J. GALLO WINERY	LOS BANOS MEMORIAL HOSPITAL	ROBERT'S ELECTRICAL CONTR.
AMERICAN MEDICAL RESPONSE	E.C. NELSON, INC.	LUIS MIRANDA	ROCHE BIOSCIENCE
AMERICAN PLASTICS	ELIZABETH HERNANDEZ	M.P.M. PROPERTIES	RODNEY LOWE
ANDERSON/LITFIN	EMANUEL MEDICAL CENTER	MAR-RAD GROUP, INC	ROGER RENSLOW CONSTRUCTION
APPEGATE - JOHNSTON	ERS INDUSTRIAL SERVICE, INC.	MARTELLA NUT	SALVATION ARMY
ARMSTRONG DEVELOPMENT	FIRST BAPTIST CHURCH	MARVIN NEESE CONSTRUCTION	SALVATION ARMY -I STREET
ARTISAN CONSTRUCTION	FISHER NUT	MATHENY INDUSTRIAL BUILDERS	SCANDIA VILLAGE
AYERa	FLORY INDUSTRIES	MCCOY PASSENGER TIRE CO. INC.	SENSIENT
B & B TRUCKING	FOSTER FARMS	MCHENRY VILLAGE	SHARP CONSTRUCTION
B & L CONSTRUCTION	FOSTER FARMS	MEMORIAL HOSPITAL	SIMPLY SELF STORAGE
BANK OF STOCKTON	FOSTER FARMS - DAN GROSCH	MENEMSHA CONSTRUCTION SOLUTION	SKANSKA
BECKER+FIELD CONSTRUCTION INC.	FOSTER FARMS NEWMAN	MERCER PROCESSING INC.	SONORA REGIONAL MEDICAL CENTER
BETHEL CHURCH	FROZEN COW	MERRILL LYNCH BUILDING	SORENSEN CONSTRUCTION, INC.
BIG VALLEY GRACE CHURCH	FUSION 360	MHA - PLANT OPERATIONS	SOUP CITY
BILL & HEATHER DUVALL	G 3 ENTERPRISES	MICHAEL R. TOLLADAY CORP.	SPAN CONSTRUCTION &
BOB GROSSI CONSTRUCTION, INC.	GAGOS PROPERTIES	MID VALLEY PLASTERING	ST. STANS BREWING CO.
BREKKE REAL ESTATE	GALLO BOTTLING	MILLARD REFRIGERATION SERVICES	STANISLAUS PLUMBING
BRETHERN HERITAGE SCHOOL	GARREKS, INC.	MILLCREEK CONSTRUCTION	STELLAR GROUP
BURTON	GEA WESTFALIA SEPARATOR, INC.	MODESTO BEE	STEVES CONSTRUCTION, INC.
C.T. BRAYTON & SONS	GEORGE KAPOR	MODESTO CHRISTIAN REFORM	STORER TRANSPORTATION
CALVARY BAPTIST CHURCH	GEORGE REED	MODESTO CITY SCHOOLS	STUART MCCLANAHAN
CBRE	GFI STAINLESS	MODESTO IRRIGATION DISTRICT	SUNNYVALLEY SMOKED MEATS
CENTERRA CAPITAL	GIDEL & KOCAL	MOLLY COOLZ	SUNSPORTS LTD.
CENTRAL CATHOLIC HIGH SCHOOL	GILTON - ATTN: TED	MONTE VISTA CHAPEL	SUTCO CONSTRUCTION
CENTURY 21	GRANUM PARTNERS	MONTE VISTA MINI STORAGE	SUTTER GOULD
CITIZEN BANK	GREG OPINSKI CONSTRUCTION	MORNINGSTAR	SUTTER GOULD MEDICAL FOUND.
CITY OF NEWMAN	GROVER LANDSCAPING	MTC DISTRIBUTION	SUTTER TRACY COMMUNITY HOSP.
CLARKE AND RUSH MECHANICAL	HAJOCA CORPORATION	MUSCO	SYLVAN VETERINARY HOSPITAL
COLIN CONSTRUCTION	HANSEN CONSTRUCTION	NARAGHI REAL ESTATE	T.B.PENICK
COMFORT INN MANTECA	HARBISON-MAHONY-HIGGINS	NEXUS ENGINEERING, INC.	THE TRANE COMPANY
COMMUNITY HOSPICE	HESS MICROGEN LLC	NORTH MAIN STORAGE	THE WINE GROUP
CONAIR GROUP	HILMAR CHEESE	NORTHERN STEEL, INC.	TOM COSENTINO
CONSTRUCTION DEVELOPERS, INC.	HILMAR CHEESE	NULAD	TOM GROVER
CONSTRUCTION MANAGEMENT CORP.	HORIZON RETAIL CONSTRUCTION	NUTTY GOURMET	TRACY SELF STORAGE
CONTAINER GRAPHICS	HOWELL CONSTRUCTION	O'BRIEN'S MARKET	TRIM MASTER
CORONA CONSTRUCTION	HUFF CONSTRUCTION	OAKDALE SHOPPING CENTER	TURLOCK BROADWAY INVESTMENTS
CORTO OLIVE	HUFF FACILITY SERVICES	OCAT, INC.	TYLER HAWKINS CONSTRUCTION
COST LESS FOOD COMPANY	HUFF SIGNATURE SERIES	OLD GERMAN BAPTIST	UC CONSTRUCTION CO.
COSTCO	HUGHSON SAMARITAIN VILLAGE	ORCHARD VALLEY HARVEST	UNITED PENTECOSTAL CHURCH
COVENANT CONSTRUCTION, INC.	HUNTER LINDIMEN	PALLIOS PROPERTIES	UNITED RENTALS CORPORATE REAL
CRESTWOOD MANOR	HYDRATION SOURCE LLC	PARK WEST SELF STORAGE	UNITED RENTALS SHARED SERVICE
DAL TILE	INDUSTRIAL ELECTRICAL	PARKLAND CONSTRUCTION	UNIVERSITY OF THE PACIFIC
DAN HOLMAN CONSTRUCTION	INFINITE MODULAR	PAULS LIQUOR STORE	VALLEY BALANCE & AUTO MACHINE
DARYL HARMON CONSTRUCTION	IZ SYSTEMS, LLC/DBA DATACATION	PIONEER EQUINE HOSPITAL	VALLEY HARVEST NUT
DAVE VONSAVOY II CONSTRUCTION	JEFF BURDA	PLASTIPAK PACKAGING INC.	VALLEY OAK PEDIATRIC
DAVID REICH CONSTRUCTION	JESSE ESPINOSA	PRIMAFUEL, INC.	VALLEY PETERBILT
DEL DENLINGER	JOHN NELSON	R.J. MURDOCH	VON SAVOYE-FLAKE GENERAL
DELLABARCA DESIGN & BUILD, INC	JOSEPH LEPERA	RACHEL'S KITCHEN	WATERFORD PLAZA

CUSTOMER NAME

WEI WEST

WESTERN DRYWALL

WESTERN VALLEY DEVELOPMENT

WESTSIDE DEVELOPMENT

WHITEHEAD PLUMBING

WHOLESOY CO.

WILLIAM LEER CONSTRUCTION

WONDER TREATS, INC.

WOOD COLONY, INC.

WOODLAND CONSTRUCTION

WOODLAND FLOORS & MILLWORK

YMCA

YOSEMITE FARM CREDIT

YOUNG REFRIGERATION

ZEUS FITNESS LLC

TOTAL:

Nexus Engineering, Inc. Customer Contact List

March 2, 2010

Customer
AIR SQUARED MECHANICAL
API
AYERA
BAHR ARCHITECTS
BCM
BEARD LAND IMPROVEMENT
BELL CARTER PACKAGING
BOLDER ASSOCIATES
C.T. BRAYTON & SONS
CALOY COMPANY
CB ENGINEERING
CENTRAL VALLEY AG
CENTRAL VALLEY CHEESE
CENTRAL VALLEY FIRE PROTECTION
CMC
COMMERCIAL ARCHITECTURE
COUNTRY CLUB DENTAL
CRESTWOOD BEHAVIORAL HEALTH
DEL MONTE FOODS
DERIVI CONSTRUCTION & ARCHITECTURE
E&J GALLO WINERY
ELITE HEATING & AIR
EMMANUEL MEDICAL CENTER
FIRST BAPTIST CHURCH
FISCALINI CHEESE
FOSTER FARMS ENGINEERING
FOSTER FARMS LIVINGSTON
FRESENIUS MEDICAL CARE
G3 ENTERPRISES
GALLO GLASS COMPANY
GATEWAY FRAMING INC.
GLOBAL MODULAR
HILMAR CHEESE
HOWELL CONSTRUCTION
HUFF & ASSOCIATES
JOANN STEPHENS
JOSE PEREZ/MARCOS & MARIA MARTINEZ
L STREET ARCHITECTS
LAYMAN ELECTRIC
LIONAKIS
MCMANIS FAMILY VINEYARDS
MDS ARCHITECTS
MEMORIAL HOSPITAL
MEMORIAL HOSPITAL PURCHASING DEPT
MERCER FOODS
MHA-PLANT OPERATIONS
MID VALLEY FOODS
MILLERICK ENGINEERING
MODESTO CHRISTIAN SCHOOL
MODESTO IRRIGATION DIST
MORNINGSTAR

Nexus Engineering, Inc.
Customer Contact List

March 2, 2010

Customer
MOUNTAIN AIR MECHANICAL
NAI WELSH
NARESH SAWHNEY
NICRO, INC
P2 CONSTRUCTION
PACIFIC DESIGN GROUP
PEDRO FERNANDEZ
PENINSULA PLASTICS
PIONEER EQUINE HOSPITAL
QUALITY SERVICE
RF MACDONALD
RIGO GALVAN
RUDY ORTEGA & ASSOCIATES
SCHWARTZ DESIGN GROUP
SKW & ASSOCIATES
SKYLINE/MILLER/HOUSE HP7 LLC
SOLECON, INC.
STELLAR GROUP
SUNDANCE PROPERTIES
SUTTER GOULD MEDICAL FOUNDATION
SUTTER TRACY COMMUNITY HOSPITAL
THE WINE GROUP
TUOLUMNE COUNTY FACILITIES MGMT
UC MERCED
UNIVERSAL UNITARIAN CHURCH
VALLEY MEAT
WARREN DESIGN
WENELL MATTHEIS BOWE
WILSON ARCHITECTURE
WRIGHT PROCESS SYSTEMS
WWCOT
YOSHINO/SHAW & ASSOCIATES

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JL Grover

1. BUSINESS ENTITY OR TRUST

Grover Family Revocable Trust

Name
3660 Hart Rd Modesto, CA 95358

Address (Business Address Acceptable)

Check one
☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

rents from properties listed on schedule B

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

JL Grover

► STREET ADDRESS OR PRECISE LOCATION

3648 Dakota Ave

CITY

Modesto, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09

ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

no single tenant over \$10,000

► STREET ADDRESS OR PRECISE LOCATION

1400 Lone Palm

CITY

Modesto, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09

ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Nexus Engineering, ATI, Rachel's Kitchen

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

no lender

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

no lender

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

JL Grover

► STREET ADDRESS OR PRECISE LOCATION

1401 McWilliams Way

CITY

Modesto, CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Solecon

► STREET ADDRESS OR PRECISE LOCATION

1400 Lone Palm

CITY

Modesto, CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

DHL, Battery Systems

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Modesto Commerce Bank

ADDRESS (Business Address Acceptable)

1324 J St Modesto, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

Bank

INTEREST RATE

7.5 % ☐ None

TERM (Months/Years)

15 yr

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

☐ Guarantor, if applicable

JL Grover

NAME OF LENDER*

US Bank

ADDRESS (Business Address Acceptable)

1120 11th St Modesto, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

Bank

INTEREST RATE

6.25 % ☐ None

TERM (Months/Years)

10 yr

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

☐ Guarantor, if applicable

JL Grover

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>JL Grover</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Stanislaus Surgery Hospital

ADDRESS (Business Address Acceptable)

1501 Oakdale Rd Modesto, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospital

YOUR BUSINESS POSITION

Board of Directors

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☒ Other stipend per Board meeting
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: nothing to report

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">JL Grover</div>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: nothing to report